

Kentucky Department of Insurance
Division of Consumer Protection and Education
P.O. Box 517, Frankfort, KY 40602-0517
Toll-Free: 1-800-595-6053 TTY for deaf/hard-of-hearing: 1-800-462-2081
Consumer Protection: (502) 564-6034, Fax: (502) 564-6090
Online complaint form under Consumer Protection and Education at
<http://doi.ppr.ky.gov/kentucky/>

Consumer Complaint Form

PLEASE NOTE: In order to assist you, we need a detailed summary of the problem from your perspective, in addition to the information below. Attach more sheets as needed. Please type or print. Please attach copies of any documents related to your complaint. Do not send originals.

1. Your name _____ Daytime Telephone _____

2. Address _____ City, State, ZIP _____

3. Type of Insurance Involved (*please circle one*):

Auto Homeowner's Life Health Disability

Workers' Compensation Commercial Other (Please specify) _____

4. My complaint is against (*please circle all that apply*):

Insurance Company Adjuster Agent Other _____

5. If you are filing a complaint on behalf of another person, what is your relationship to the policyholder/ insured? _____ Please see the general information sheet for more on the documents that may be required to allow you to act as their authorized representative.

6. The involved insurance company is associated with (*please circle one*):

Your policy Someone else's policy

7. Information on **my** policy: *(complete any that apply)*

Insurance Company: _____

Policy Number: _____

Group Number: _____

ID Number: _____

Agent's Name: _____

Agent's Address: _____

8. Information on the **other person's** policy *(complete any that apply)*:

Insured's Name: _____

Insurance Company: _____

Policy Number: _____

Group Number: _____

ID Number: _____

Adjuster's Name: _____

9. Are you represented by an attorney? (Please circle one.)

Yes

No

Today's Date: (MM/DD/YY) / /

Signature _____

Please use the space below to provide a detailed description of the problem from your point of view.
Attach additional sheets if needed.

The Kentucky Department of Insurance does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and provides upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.

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